

STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

October 11, 2022
9:00 a.m. – 12:00 p.m.

APPROVED MINUTES

Members Present: Katherine Aumer, Antonino Beninato, Naomi Crozier, Lea Dias, Heidi Ilyavi, Jackie Jackson, Chris Knightsbridge, Eileen Lau-James, Kathleen Merriam, Ray Rice, Kau'i Seguancia, Mary Pat Waterhouse, Marian Tsuji (ex-officio),

Members Absent:

Members Excused: Jon Fujii, Tara Reed, Jennifer Renfro, Richard Ries, Jeffrey Galon, Jr.

Guests Present: KITV News, Raelyn Reyno, Tein Terrado (IDAH)

Staff Present: Madeleine Hiraga-Nuccio, Jocelyn Nazareno, Carolyn Weygan-Hildebrand, Valerie Yin

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Katherine Aumer, 1 st Vice-Chairperson, called the meeting to order at 9:10 a.m. Quorum was established at 9:13am with 10 members.	For information only
II. Meeting Announcements	<p>K. Aumer welcomed members and guests. She announced the following:</p> <ul style="list-style-type: none">• The agenda provides for a community input section at the start and public input will be sought along the way.• Access to members' resources. Every member should have received an email from Stacy Haitsuka about the Council's internal portal for members. Members are encouraged to check if they can access the portal. The re- uploading and repopulating of the portal will be incremental. Most of the files needed for new members' onboarding are available. Every member also received a reminder about the required State Ethics Commission training. It is useful to share a copy of your completion certificate with staff for tracking purposes. Thank you to members who have completed this training or the refresher training.	For Information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<ul style="list-style-type: none"> Letters. Two Council letters that were signed and sent out. Copies of these are in the e-mailed handouts – Thank you letter to Dr. Goebert and Dr. Sugimoto-Matsuda and the letter to Capt. Forde on the MHBG mini-application. Request for comments. One of the handouts pertains to the Federal Substance Abuse and Mental Health Administration (SAMHSA) requesting for public comment on SAMHSA’s role in climate change. The deadline is October 31, 2022. Membership. There are three vacancies to fill. The biggest challenge is the vacancy for an island representative from Kauai. The Council needs to ask the Kauai Service Area Board (SAB) their thoughts on how to fill that vacancy. 	
III. Consideration and Approval of Review Minutes <ul style="list-style-type: none"> September 13 , 2022 	The draft minutes for September 13, 2022 were reviewed. A correction was requested to reflect that Naomi Crozier was present. The August minutes should also reflect that she was present.	<u>Action</u> Eileen Lau-James moved to approve the September 13, 2022 minutes with corrections. Lea Dias seconded. The motion passed unanimously, Staff will make the corrections to both minutes.
IV. Community Input	None	
V. Old Business	A. What are State Behavioral Health Councils and should Hawaii form one? <ul style="list-style-type: none"> Replay – SAMHSA Region IX Presentation to HACDACS. K. Aumer recommended that the replay be done after the other Agenda items because two members have indicated that they had to leave and there were motions that needed to be addressed. Because of its length, K. Aumer asked if members had any problem watching the video at their own time. 	<u>ACTION</u> L. Dias move for the Council to watch the video on their own time. E. Lau-James seconded. The motion passed unanimously. Members will view starting at 54:00 https://vimeo.com/754459372

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>K. Aumer then referred also to thank you letter to John Oliver for coming and presenting to the Council. She asked the members if they had any comments on the draft letter (handout). There were no comments.</p> <p>B. Resiliency Training for First Responders</p> <ul style="list-style-type: none"> Letter to Maui – Two of the handouts are letters to Maui, an advocacy and commendation letter to the Maui Police Commission and a thank you letter to Sgt. Jan Pontanilla for joining the Council meeting to answer questions. Statewide Strategy. K. Aumer brought attention to the handout on Mental Health and Wellbeing Strategy for First Responder Organisations in New South Wales Australia. This was shared by Mark Kunimune who testified before the Council last month and was asked for examples of how other places support resilience of first responders. There were no additional comments. <p>C. Red Hill Water Contamination.</p> <p>Christopher Knightsbridge said that Carolyn emailed him yesterday about the idea of an op-ed. He asked if she had any comments or updates on that.</p> <p>C. Weygan-Hildebrand said she reviewed meeting minutes, it seems like a</p>	<p><u>ACTION</u> Mary Pat Waterhouse moved to approve the Thank You letter to Dr. John Oliver. Heidi Ilyavi seconded. The motion passed unanimously.</p> <p><u>ACTION</u> M. P. Waterhouse moved to approve the letter to the Maui Police Commission. N. Crozier seconded. The motion passed unanimously</p> <p><u>ACTION</u> E. Lau-James moved to approve the Thank You Letter to Sgt. Jan Pontanilla. Kaui Seguancia seconded. Motion passed unanimously.</p> <p>Staff will finalize the above letters and send them.</p> <p>C. Weygan-Hildebrand will coordinate and collect Council members 'input for an op-ed</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>PIG is not the feasible way for the Council to respond but there is enough contents and comments to create an op-ed. (Answers to) Red Hill is moving on but you do not hear in the media is the state of mental health. An Op-ed of 800 words can say, “don’t forget mental health”. The op-ed then can include the points that members commented on.</p> <p>C. Knightsbridge said that the op-ed is kind of the way the Council can do something. M.P. Waterhouse asked C. Knightsbridge to explain the mental health nexus again. He explained that a group of people who were impacted by the Red Hill water contamination came to speak with the Council about three or four months ago. There seem to be a ton of issues, including being gaslit by people when they would come to report their symptoms. They are suffering from incredible amounts of stress, lot of kind of clear PTSD symptoms. What was heard were never on the media. He answered that the main nexus to mental health would probably be trauma and anxiety-based and then just not receiving resource to get treatment for that. He added the importance of coordinating back with those who came.</p> <p>Ray Rice asked if the op-ed would also include and outline resources that will help health directly? C. Knightsbridge said that it is the Council’s op-ed so it should definitely at least consider what we want to put in. K. Aumer clarified what action was needed. It was clarified that the PIG was suggested but was not formed. She asked whether members should contact C. Knightsbridge for op-ed input. C. Knightsbridge asked to contact C. Weygan-Hildebrand for she’s likely going to be coordinating it. We can kind of filter through her and likely review, vote, and publish in future meetings.</p> <p>D. Youth Survey – No Updates</p>	
VI. New Business	A. Hawaii State Hospital Update	For information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>K. Aumer recapped that the Council had a deep dive on the topic of hospital beds, assessing the nature of the gaps and needs. She suggested that the Council continue to have a standing agenda on the Hawaii State Hospital every two or three meetings and request for updates. DOH Deputy Director for Behavioral Health Administration, Marian Tsuji, addressed questions that Council members about the State Hospital.</p> <p>Q. Is there any update on the Council's request to tour the new facility. A. will make the arrangements for the State Council to tour the State Hospital. The tour will not include the housing area for patient privacy purposes.</p> <p>Q. There was a news article indicating vacancy in the new facility. A. M. Tsuji responded that she said the article indicated that one housing area in the new facility is currently vacant. She said this was true but the article did not convey the reason why. (https://www.staradvertiser.com/2022/10/09/hawaii-news/staffing-shortage-cited-as-latest-delay-in-fully-opening-states-new-psychiatric-hospital/) also gave an update on the State Hospital. She said it is really a safety issue. She elaborated (summarizing): <i>"In the lower campus, the new facility is not the only facility. We've got a whole lower campus with older buildings, and the new facility represents the higher security area. We still have folks in there that may act up. And so we're not going to leave any of those housing areas by themselves without backup. If we were to move one of those housing areas just to fill the new facility, that means somebody on the lower campus would be left by themselves."</i></p> <p>Q. The situation with refitting the facility with ligature. A. It had always been planned that as soon as the new facility was opened, that the lower campus would be incrementally shut down so that there can be anti-ligature retrofitting. So as soon as the new facility opened, we shut down two housing areas and they are currently being renovated.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>When they are completed, we will open them up and another two facilities, two housing areas will be retrofitted and will continue until the entire campus is retrofitted with anti-ligature fixtures. Another big challenge that we have is workforce. Everybody is going through this throughout the country, health care workers are just not there. We're not looking just at the hospital but the entire continuum, we're talking about community and as well as institution. And you've got to be able to do the prevention, if people are waiting for months at a time to get any kind of treatment. And then to make sure that people have the support they need when they leave the hospital out in the community, that's also going to impact what the flow looks like. So, we are working on workforce development. But that's going to take time to bring people in, get them educated, and to attract folks to come and work for the state.</p> <p>Q. Internship and post-doctoral opportunities for clinical psychologists at the state hospital. How to go about getting internship with a state agency especially if one is from a none-APA school. (APA-American Psychological Association).</p> <p>A. We are also talking with the University of Hawaii School of Psychiatry. Please email me and I will get more information.</p> <p>Q. Regarding the anti-ligatures what exactly does that look like? What does that mean in terms of the building?</p> <p>A. For example, the showerheads and doorknobs are all being redone, so that you can't hang anything on there to hurt yourself. The handles that go on the top of the doors to make sure that the doors don't just slam. Those are all ligature points.</p> <p>Q. Is there any sort of connection with CORE (The Crisis Outreach Response and Engagement Program) and HSH. Are they working together in that regards?</p> <p>A. We're working more with CORE for crisis intervention, more coordination</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>in terms of stabilization beds, and making sure that we've got crisis beds out in the community. The hospital right now is forensic. So, we're talking about folks that are getting committed via the courts.</p> <p>K. Aumer thanked M. Tsuji for talking with the Council about the HSH.</p> <p>B. Advocacy- Introduction to the 2023 Legislative Session</p> <p>K. Aumer said there are three interrelated things to discuss -the Council wants to know the results of last legislative sessions, an annual report that Council has to submit, and the 2023 legislative session. She asked members to please refer to the very large handout of more than 100 pages. The first page shows that there were two bills that became law, one that was vetoed and the rest failed. For perspective, she shared the estimate that 90% of introduced bills do not become law. The rest of the pages give a glimpse of what happened to each bill, including a sampling of testimonies that legislators had to consider. These can be things to keep in mind as the Council prepares for 2023.</p> <p>For the two other things, she called C. Weygan-Hildebrand to offer an outline of her findings about statutory requirements. C. Weygan-Hildebrand summarized that the mandate of the Council is to report on the implementation of an annual State Comprehensive Integrated Service Plan (SCISP). She noted that there was no specific prescription on how to report on this. Based on reports that are available from the Council's website, scmh.hawaii.gov, she noted that the Council reviewed and reported on different documents. Starting 2013, the Council started commenting on Mental Health Block Grant plan application or reports. In terms of report</p>	<p><u>ACTION</u></p> <p>M. P. Waterhouse moved to convene a Legislative PIG to advise on the annual report and to start formulating our plan for next year in terms of our legislative efforts. E. Lau-James seconded. Motion passed unanimously.</p> <p>The PIG members are: M.P. Waterhouse- chairperson/facilitator K. Aumer Jackie Jackson E. Lau-James</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>audience, it is a report to the Governor and Legislature. Please refer to slides of presentation.</p> <p>For the 2023 Legislative session, she referred to last year's PIG guide for 2023 and pointed out that it recommends the creation of a PIG for legislative matters around October or November. A question was asked whether the Council should be broad-based and look at community needs, like that would encompass more hospital beds, more community beds, etc. C. Weygan-Hildebrand answered that it should include all those things. It is possible for this Council to report only on a few thing that they are solid about and care most about. The Council might also want to put its energy on the next round of planning. As a planner, she encouraged alignment of efforts. She encouraged the Legislative PIG include members from CAMHD and AMHD as part of the PIG because the Council will be needing input from CAMHD and AMHD also.</p> <p>C. Communication – SCMH Website</p> <p>K. Aumer asked if there are any ideas that the Council want to add or improve or discuss about the website, especially now there is a new logo or symbol? C. Weygan-Hildebrand informed the Council that the website is being done through HIC Consortium and changes will be bounded by such an arrangement. She went through the pages of the website, scmh.hawaii.gov, to review what is currently there. Ideas that could be added include:</p> <ul style="list-style-type: none"> • Council meetings, agendas and minutes. Add selected presentation videos and reports like the one of hospital beds. • Define the Council's nich as far as mental health resources go. The Council has representation from judiciary, education, voc-rehab, maybe there's another space for this to explain those things so the public can see how the connection of those things. 	<p>For discussion only</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<ul style="list-style-type: none"> • Some kind of elevator speech on what the Council is all about. • Membership bios have been updated. Contact C. Weygan-Hildebrand for further corrections. <p>Council responses included:</p> <ul style="list-style-type: none"> • When the Council website was put up, there was an impasse on some of the elements to include. In terms of the social media, it was a little bit more of a gray area, because it was an unofficial page. And so there was little bit more leeway. But in terms of posting news and events, do we need to talk about what we want to put up every single week? Do we want to make that some type of standing agenda item? • Have the new logo there now. E. Lau-James will give C. Weygan-Hildebrand for the summary describing the logo and how it relates to the Council. • For news, consider the idea of data scraping along certain themes. The Council or staff does not necessarily have to be the one writing the news or updating the website all the time. • Keep the website an agenda item so the Council can discuss what the Council can with it. 	
VII. Informational Reports	<p>Island Representative Reports</p> <ul style="list-style-type: none"> • Oahu Service Area Board (OSAB) – J. Jackson reported the following: <ul style="list-style-type: none"> ○ The OSAB learned that the Kupuna Council of Pokai Bay reported that there were not sufficient mental health services on evenings, weekends, and holidays in the area. OSAB will look further on what can be done to have more services there. DOH Adult Mental Health Division Oahu Administrator, Troy Freitas, will get more information for OSAB’s next meeting. ○ OSAB received a presentation from DOH Alcohol and Drug Abuse Division (ADAD) 	For information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<ul style="list-style-type: none"> ○ It approved a summary of its Comprehensive Integrated Service Plan (CISAP). • Maui Service Area Board (MSAB) – No report • State Agency Representative Reports <ul style="list-style-type: none"> ○ Health (DOH) Update. K. Aumer thanked Kathleen Merriam for the wonderful report on DOH. See attached report. K. Merriam added that she did the certified peer specialist training. Seven peers are now interested in becoming forensic peer specialist. AMHD is working on their internships, getting them set up with paid internships, and hopefully getting them into our courts. ○ Housing (HPHA) Update. K. Seguancia reported that the waitlist for public housing is opening again. Applicants sought are primarily focused on the geographical areas for Honolulu, Windward side and to Leeward, particularly in Honolulu, because there's a big population of elderly that really need housing. ○ Vocational Rehabilitation (DVR) Update. L. Dias shared that like other agencies, the agency has a vacancy rate of 33 percent and had funding issues. VocRehab managed to get through its waitlist of service seekers. So anyone who applies for DVR services now can be served quickly. She also reported that October is National Disability Employment Awareness Month, making the public aware that individuals with disabilities, including people with mental health disabilities are capable of becoming working taxpaying citizens like everyone else. So as part of that DVR does, celebrations recognizing our employees of the year meaning individuals that 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>we've helped into competitive integrated employment. She announced that “The Employer of the Year” for her branch is the Navy Supply Unit called NAVSUP. They're very open a lot of times to working with us in our consumers, getting them into regular civil service completeive jobs. She announced that Friday will be White Cane Walk in Downtown Honolulu starting at the State Capitol, raising awareness about blindness or visually impairment. The following statistics were also shared:</p> <ul style="list-style-type: none"> - DVR served 2581 individuals with disabilities during the period July 2021 to June 2022. DVR expects this to go up by 30.7% . -People were placed in jobs where per hour wages were between \$12 tof \$42.91. -There are 42 People in transitional employment over that last year. There are 334 individuals with most significant disabilities working in supported employment. <p>E. Lau-James commented that this kind of information can be shared in the website.</p> <ul style="list-style-type: none"> ○ Med-Quest Medicaid Program (MQD) Update-No report ○ Education (DOE) Update – No report ○ Social Service (DHS) Update– R. Rice reported that they had a presentation from New Telehealth on September 22, 2022. The services provided covered primary care, counseling for mental health and substance abuse, as well as healthy evaluations and medications and they focus on rural areas. He also shared that they are working on partnering with other housing agencies that are in the community, specifically for ATS as well as repatriation program. This is a federal program for American citizens that are in foreign countries who need to be assisted due to illness or a lack of money and they have to return to the States. 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<ul style="list-style-type: none"> ○ Judiciary (JUD) Updates – No report ● Specialty Area Representative Reports <ul style="list-style-type: none"> ○ Hawaii Advisory Committee on Drug and Abuse and Controlled Substances (HACDACS)- No report. ○ Mental Health Providers – No report. ○ Parents and Family Members of Mental Health Service Recipients <p>-E. L James expressed that it is frustrating to hear that there's very few resources directed towards guiding family members on how to successfully advocate for services other than NAMI. She would love additional guidance from the State to direct people who are just completely green to this process on how they can most successfully access care for their family members in a way that doesn't involve calling 911 all the time.</p> <p>- K. Aumer commented that the above is a good point. It might be something the Council can look at legislatively. Because it's difficult, it's that kind of gray area of consent, where someone does need help and access, and the only people trying to help provide that are the family members. But the person themselves might not be able to or willing to provide that kind of consent.</p> <p>-M. P. Waterhouse suggested a presentation on laws regarding consent.</p> <p>R. Rice asked where decision-making capacity assessments and guardianship fit into the brainstorming. K. Aumer commented that it is an ethical conversation that members could have for a very long time regarding consent, agency, health, conception of mental health, role of government. Somebody just needs to talk about the law and what it is right now.</p> 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>K. Aumer acknowledged a public comment from the chat. Raelynn Raeno posted that you need the beds- long term and short term and look at board and care and not just stabilization. That it is what Hawaii is missing. It's hard, potentially unconstitutional, to force medications and not have a bed and supervised setting. She also posted that time has been wasted in expanding the law to cover more individuals. Firstly, civil rights has to be addressed. Other States are addressing this.</p> <ul style="list-style-type: none"> Youth and Consumer Advocates -No report 	
VIII. Meeting Evaluation/Future Agenda Items	<p>Agenda for next meeting:</p> <ul style="list-style-type: none"> Connie Mitchell of the Institute for Human Services can be invited to talk about the current law on consent and family members. 	For information only
XIV. Adjournment	The meeting was adjourned at 11:20 a.m.	For information only
Electronic Mail Outs	<p>The following handouts were e-mailed to SCMH members and individuals the SCMH e-mail distribution list:</p> <ol style="list-style-type: none"> AGENDA October 2022 Meeting FINAL MINUTES September 2022 Meeting DRAFT (includes CCBHC slides) ATTENDANCE log September 2022 Meeting_FY23 THANK YOU Letter Draft -John Oliver ADVOCACY Letter Draft -Maui Police Commission THANK YOU Letter Draft – Jan Pontanilla PLAN SAMPLE – Australia First SCMH LEGISLATIVE ADVOCACY -2022 Results SCMH PIG \Legislative Guidelines HSAB- Comprehensive Integrated Service Area Plan 2021 -Priorities DOH Report October 2022 Kathleen Merriam 	For information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	12. Announcement 1 _Copy of Letter to Kent Forde SAMHSA 13. Announcement 2_Copy of Letter to Dr. Goebert and Dr. Sugimoto-Matsuda 14. Announcement 3_SAMHSA Requesting for Comment	

STATE COUNCIL ON MENTAL HEALTH (SCMH) MEETING

September 13, 2022

9:00 a.m. – 12:00 p.m.

APPROVED MINUTES

Members Present: Katherine Aumer, Antonino Beninato, Naomi Crozier, Jeffrey Galon, Jr., Heidi Ilyavi, Jackie Jackson, Eileen Lau-James, Ray Rice, Richard Ries, Tara Reed, Mary Pat Waterhouse, Marian Tsuji (ex-officio)

Members Absent:

Members Excused: Lea Dias, Jon Fujii, Chris Knightsbridge, Kathleen Merriam, Jennifer Renfro, Kau`i Seguancia,

Guests Present: John Betlach, Mark Kunimune, Maile Murray, Greg Payton, Bryan Talisayan, Kelly Yamamoto

AMHD/CAMHD Staff Present: Madeleine Hiraga-Nuccio, Jocelyn Nazareno, Carolyn Weygan-Hildebrand, John Oliver, Valerie Yin

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
I. Call to Order	Richard Ries, Chairperson, called the meeting to order at 9:02 a.m. He announced that several members requested to be and were excused. Eileen Lau-James called the roll and quorum was established at 9:04 a.m.	For information only
II. Meeting Announcements	<p>R. Ries welcomed members and guests. He announced the following:</p> <ul style="list-style-type: none">• In case there is a break in communication due to technology reasons which cannot be restored in 30 minutes, the meeting will automatically be terminated and the Council will meet again on Thursday, September 15 at 9 am using the same links provided for this meeting.• The agenda provides for a community input section at the start and public input will be sought along the way.• October is a time to announce Council vacancies. Normally, the Governor's office will have November and December to accept applications and have nominations in time for the following year's legislative session.	For Information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<ul style="list-style-type: none"> • The Council received written public testimonies and copies were sent to members. If needed, the community input time will be extended beyond the five minutes that is listed in the agenda. • There will be a guest speaker at 10:30 am and also invited guest at 11. Assistance was requested to monitor the time. • The PIG Youth Survey was not specified in the agenda and therefore Antonino Beninato and PIG members were requested to cover this at Informational Report time. 	
III. Consideration and Approval of Review Minutes <ul style="list-style-type: none"> • August 9 , 2022 	The draft minutes for August 9, 2022 were reviewed. R. Ries asked if there were any substantial corrections.	<u>Action</u> Heidi Ilyavi moved to approve the August 9, 2022 minutes. E. Lau-James seconded. This motion passed unanimously
IV. Community Input	<p>R. Ries drew attention to three written testimonies and asked whether Mark Kunimune, Jon Kurosu, and Kea Smith were present. Only M. Kunimune was present. Ries also acknowledged Kelly Yamamoto who said she was also presented to provide an oral testimony.</p> <p>R. Ries asked if anyone had a comment or wanted to read the written testimonies.</p> <p>M. Kunimune agreed and read his written testimony (see attached handout on written testimonies)).</p> <p>R. Ries acknowledged K. Yamamoto who had the following oral testimony:</p> <p><i>“My name is Kelly Yamamoto, and I've been a paramedic with this Union County since the early 80s. And currently serve as a District Chief. I'm so grateful for this opportunity to share my perspective on the health challenges of the of my EMS Ohana. I read that September is Suicide Prevention and Awareness Month, and that the Public Safety Officer Support Act was just signed last month. Today, I'd</i></p>	For Information only

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p><i>like to tell you about my one of my best friends, his name is Randall. We met and became friends while we were in EMT class back in the early 80s. And as paramedics we were partners for a long time. While we were partners, Randall was always a nice medic, and I was always the bad medic. And it couldn't have been any other way because he was a man who was led by a deep commitment to God, a true gentleman, a kind, and patient loving Christian man. He became part of my family. And I can say with a 100% confidence that he always had my back, he really was my big brother. Into 2011, I was promoted to District Chief. And it was shortly after that I started noticing changes in Randall and it was really sad. He was no longer this joyful man that I knew. He did not accept social invitations much anymore. He was just not the same. He was promoted to District Chief as well shortly after me but the changes that I saw didn't improve. It just got worse. He stopped going to church. His health started to become an issue. He seemed angry all the time. He began to isolate himself. He did not return phone calls. And even when I had a chance to talk to him, he was so evasive. So, I was worried but at the same time, I didn't know how to help them. This went on for a few years. And then in 2019, he suddenly retired and then he died alone, just a few months later. So, to say, I don't know why Randall died. But I do know that he started to die long before he took that last breath. I'm not an expert by any means when it comes to mental health, nor do I know what needs to be done to help my EMS Ohana. But I've learned what poor mental health might look like. And what might happen if we ignore it, don't take care of it, and to continue to treat it like an acceptable part of our job. We really need your help. So please if you can in any way. Thank you."</i></p> <p>R. Ries acknowledged also the testimonies of J. Kurosu and K. Smith. Both testimonies were read aloud (See attached handout on written testimonies)</p> <p><i>Discussion/Comments/ Questions from members</i></p> <ul style="list-style-type: none"> • Having some experience myself working in emergency medical services, I do recognize the very overwhelming requirements on people who are of the first people to interface with people with mental and health concerns in our community. I have been a long 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>time advocate of us being conscious about and trying to improve situations for first responders on our community. So. I think it is really important and valuable to have these testimonies.</p> <ul style="list-style-type: none"> • It is very informative, well put and well said and disconcerting. Do you have any suggestion or have you seen any place that have programs that you would think could be emulated or implemented here or any suggestions for how to help bring those programs? <p>On this question, M. Kunimune mentioned that Australia has a very good comprehensive program and, closer to home, on the Big Island, a nonprofit was created to specifically address the issue. Among those involved are the police and fire chaplains, and retired fire chief and police chiefs. They are growing by leaps and bounds because the need is great.</p> <ul style="list-style-type: none"> • It is reasonable for us to consider as a Council to figure out something specific and actionable. It will be meaningful and potentially helpful to have someone reach out to the folks in Australia that is being discussed. • There is no question that the Council is behind mental wellness of first responders and support these. It has been one of the most important agenda. E. Lau-James commented that she will be writing her own testimony to her alleged local legislators as a private citizen. And encourage all of the EMS colleagues to submit more testimony to their individual legislators and individual representatives, as well. Mary Pat Waterhouse suggested for the EMS staff to go to the City Council to ask for their support and she can help them with that. She expressed willingness to help and said that Carolyn Weygan-Hildebrand can share her contact information. Tara Reed commented Mental Health America on Maui does a suicide type prevention informational presentation. And ask if she 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>can give K. Yamamoto and M. Kunimune contact information to Mental Health America.</p> <ul style="list-style-type: none"> • R. Ries recognized Bryan Talisayan, executive director of Mental Health America Hawaii, who said he will also see what they can do. M. Waterhouse, also MHAH said she will see what they can be done. • M. Kunimune said they have talked about a plan for the long time. He explained: <i>“I put an initial plan together and submitted it to the Department of Health EMS Division which oversees all the EMS in the entire state. They had me working on the plan slowly but surely. But the person that was my advocate is no longer there so the plan is just kind of sitting there now. There is this training, that was suggested that needs to be done with the personnel. We’ve been doing kind of on a grassroots level, we try to take the providers to the lo’i or the taro patch, we try to take them on the Hokulea out to the ocean, it’s all kinds of different things, but it’s on a small basis. All this just needs to be organized and put under one umbrella and done on a long-term basis. The island of Kauai has a tighter and smaller community and they kind of have their act together and what they’re doing is one part of a plan that we like to put together. What Hawaii Island is doing, they created a nonprofit organization just to focus on mental health and wellness for EMS providers. There is somebody that I’m communicating with to see what we can get going here on Oahu. We have to create a plan to get the Council’s support to go to both the governor and the mayor. “</i> • Marian Tsuji said she would be happy to follow up with the section that covers EMS to provide them with the adult mental health support that they may need to get through a program and kind of evaluate it. She asked about peer support program and how is it funded. The example provided is the New York City Fire Departments counseling unit, and it’s a peer counseling section. It’s 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>a very robust program, and especially since 911, and made sure that families were also supported, and not just EMS employees.</p> <ul style="list-style-type: none"> • M. Kunimune answered that it needs to be more peer-driven. He referred to a debriefing called critical incident stress management. There is a team with City and County that is small. These things need administrative support. There were many calls received after the AMA explosion from peers from the different island so support is there as we already have the Ohana mentality but political support is needed which is why he came to the Council. (note: AMA explosion referred to https://emergencyservices.honolulu.gov/one-dead-paramedic-critically-injured-in-ambulance-fire) • K. Yamamoto commented that as hard as the people on the peer support team try to reach out, they are passionate about their jobs, more can be done. The debriefing, even after the horrible explosion, was a little bit disheartening, because all of one person showed up it. They sent out a text message to the to the employees to say, “hey, you know, we're having this, this debriefing, and you want to be here, be here by two and don't be late, because we're going to start without you.” (Paraphrasing) Peer support is about sharing with people you trust, but you walk into a room with five other people and you're the only one there and you don't know them really. How do you share that anything with someone like that, there's no time to develop trust, there's no time for them to reach deep and say this is what I'm feeling. Peer support has to be an ongoing thing, where a culture and an atmosphere are created where whatever and wherever however, it's done, that's much more personal, where they feel they know from before something happens, that it's a safe place to share. John Kurosu hit it on the nail- it's like dying from a million from 100 million paper cuts. Because it's not one thing, it's a little bit here and a little bit there. Every day, every week, every call takes a little bit out of you. I'm starting to believe that it has to be something that is constant- 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>there's a safe place always that people can go to on a regular basis, not just when something horrible happens, we have to create a safe place for them.</p> <ul style="list-style-type: none"> • R. Ries agreed that more can be done like making things more official and regular, and part of policy. • E. Lau-James shared that there are vacancies in the Council and encouraged folks to consider applying for service in the Council. It is way to have continued voice that is constantly promoting the issues as one that needs to be prioritized. • M. P. Waterhouse offered that if her help is needed to contact the City Council, C. Weygan-Hildebrand can provide her contact information. 	
V. New Business	<p>A. Nomination and election for 1st. Vice Chairperson. R. Ries asked if there was any other nomination other than Katherine Aumer who was previously nominated and was willing to accept the nomination. There was no other nomination so R. Ries declared K. Aumer as 1st Vice Chairperson by unanimous consent or acclamation.</p> <p>B. Nomination and election for 2nd Vice Chairperson, in case there is a vacancy. With K. Aumer's election as 1st Vice-Chairperson, the 2nd Vice Chairperson was confirmed vacant. R. Ries asked if there was any nomination, including self-nomination. E. Lau-James reminded that Katherine Merriam was nominated and, although not present, agreed if it was 2nd Vice -Chairperson. Since K. Merriam was not present, R. Ries sought sought guidance from Staff. C. Weygan-Hildebrand said that K. Merriam accepted the nomination to be 2nd Chairperson. There was no other nomination so R. Ries declared K. Merriam as 2nd Vice Chairperson by unanimous consent or acclamation.</p>	By acclamation, Katherine Aumer and Kathleen Merriam are the 1 st and 2 nd Vice Chairpersons, respectively.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
VI. Old Business	<p>A. Strategic Plan Focus Areas and Action Plan:</p> <ul style="list-style-type: none"> • PIG for Onboarding and Reboarding (On-Re) E. Lau-James reported that the PIG did met and put together the checklist for new members onboarding (See attached). They were going to set a deadline for when materials need to be reviewed. The PIG is also recommending the formation of PIG for each new member for onboarding purposes. It can be a PIG of three members only, but creating a new PIG each time there is a new member. Each time, the PIG can have different people. At the next meeting after PIG formation, more sharing can be done about strengths, aspirations, and projects that new members are interested in. Finally, she updated about the new members guidebook that has just a little light hearted fun tips from some members. She reported that C. Weygan-Hildebrand put the guide into a readable and presentable format. C. Weygan-Hildebrand added that the guide book is based on the product from the 2021 Strategic Retreat. <p>E. Lau-James asked the Council how they feel about forming a just a small PIG for each new member. C. Weygan-Hildebrand requested that she brings this to the Office of Information Practices to see whether it is fair use of the PIG, since PIG are usually for investigating or studying something. R. Ries said that the time commitment will not require much, maybe just one meeting from a member.</p> <ul style="list-style-type: none"> • Strategic Plan Focus Areas and Action Plan: PIG for Onboarding and Reboarding (On-Re)- J. Renfro has not called for a PIG meeting. R. Ries requested that she be alerted and if she can speak about this next meeting. <p>B. SCMH as a Planning Council</p> <ul style="list-style-type: none"> • Summary of Activities and Role of the SCMH for the MHBG Mini-Application due September 1, 2022. 	<p>Staff, C. Weygan-Hildebrand, to ask OIP for opinion.</p> <p>Staff, C. Weygan-Hildebrand, will follow up with J. Renfro.</p> <p><u>Action</u></p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>R. Ries said the Council need a formal response to SAMHSA and there is a draft letter in the handouts. He requested K. Aumer to talk about the PIG's recommendation.</p> <p>K. Aumer reminded that the Council did meet before, with Dr. Curtis and others providing a wonderful presentation. In regards to the draft, she felt that the numbers were well laid out and much of the responses were well-reasons and documented. She felt that a lot were still done so close to the deadline although I do feel like we provided more input. She asked if anyone had question or comment on the letter or the report.</p> <p>R. Ries said the letter is good and clear, and asked others for any other comments.</p> <p>M. P. Waterhouse said she has read and wanted to know if it is too late to make changes to the application. K. Aumer clarified that you can point out what was missed or recommendation for improvement in the future.</p> <p>E. Lau-James said she reviewed the materials and pointed out that the list of members labeled her as a state employee and also a housing agency and C. Knightsbridge is also labeled as a state employee. C. Weygan-Hildebrand said she will look for those errors and request correction.</p> <p>M. P. Waterhouse said she reviewed (the mini-application) and pertaining to the question on Council's involvement, It was not clear how or whether the Council was involved.</p> <p>From her vantage as staff, C. Weygan-Hildebrand explained that there are parts of Council meetings that were not formally part of the planning but actually are, such as presentations. But there</p>	<p>E. Lau-James move to approve the letter to Captain Forde pending the corrections as discussed. M. P. Waterhouse seconded. Motion passed unanimously.</p>


AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>were elements that were formally part of that such as when Captain Forde talked about the role of the planning council, the setting aside of 30 minutes of meetings for SCMH as a planning council, and the creation of a PIG. In the report, these were presented by referring to the Council website for minutes of meetings. She welcome the comments because they can be added in the checklist for for future planning. She added that the Council letter is in draft form to allow for any recommendations.</p> <p>R. Ries requested for approval of the letter with the corrections made To the list of members in the rerport, a recommendation to provide a little more time for review in the future, and clearer description of Council's involvement in the future.</p> <p>E. Lau-James concluded that she looks forward to the Strategic Planning Retreat to explore” more about who were are, our potential that we have yet to realize, and what we more can we do as a planning council.”</p> <p>C. What are State Behavioral Health Council and should Hawaii form one?</p> <p>R. Ries welcomed John Oliver who was invited to share his thoughts on the Certified Community Behavioral Health Clinic that will be piloted in Maui. J. Oliver thanked the Council for inviting him and introduced himself as the Maui County Branch Chief for the Community Mental Health Center. He opened by stating that Maui County submitted a grant proposal to pilot Hawaii's first Certified Community Behavioral Health Clinic (CCBHC) and the award announcement is the Friday after this presentation. His presentation is about the CCBHC and how it fits into the Hawaii health system.</p> <p>Presentation: Certified Community Behavioral Health Clinic (See attached slides)</p> <p><i>Discussion/Questions/Comments.</i></p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>Q. We're talking about transitioning from a mental health council to a behavioral health planning council. Does it have anything to do with block grants that will be submitted to you, like the \$1 million per year allocated for transition? Is this state fund or from the block grant?</p> <p>A. These are funds from a SAMHSA awarded grant. It doesn't come from our block grant or from the state. It's additional monies to kind of augment the services that we're providing.</p> <p>Q. Consumers were concerned about who can get access to the resources and your services seem to fill the gap. If this applies to those with private insurance, even those with HMSA in Maui are waiting 90 days, some of the kids are waiting three months?</p> <p>A. I can speak from personal experience with my son, and it took 90 days to get his first psychologist appointment. At 15-year-old, days is a long time and a hard time. It's kind of scary.</p> <p>In a rejoinder, R. Ries said that as a provider, his next opening for appointments is already December, and he is working 10 hours a day at that. E. Lau-James shared her perspective as a veterinarian where dogs are seen 90x faster than humans.</p> <p>Q. Are you becoming credential by the private organizations as well?</p> <p>A. Yes</p> <p>Q. So It's not all coming out of the grants?</p> <p>A. No, what's coming out of the grants is the ability to hire the staff and to be able to sort of augment the staffing that we have. And then it does cover some for services but at the same time the idea is to build so we want to be self-sustaining.</p> <p>Q. Is there going to be any expansion to other of the other islands?</p> <p>A. Maui is the pilot for this project. But definitely looking at expanding to Kauai, Big Island and Oahu. With that Demonstration Grant, if we go for the Demonstration Grant, it will allow us to basically do the CCBHC in every single Island CMHC that wants to do it. So, we could then have extended statewide all</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>at once. It is a scary concept for the State to do all at once. Having a pilot helps with lessons learned.</p> <p>Q. What would that primary health screening look like? Or is it just simple medical needs being met for participants?</p> <p>A. It's evaluating what are their primary care diagnoses and also with their behavioral health to make sure that you're working together for the whole health event. It is focused to address their physical health and their mental health. So, there will have examining rooms, and tables where some minor sort of triage and treatment can be done if needed. It is also focus to look at diets and lab results to really make sure that you're addressing the physical and the mental health.</p> <p>R. Ries and other Council members thanked J. Oliver for the presentation for the excellent presentation.</p> <p>J. Oliver thanked the Council and also shared the other grant that Hawaii just received for the first national Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Behavioral Health Center of Excellence. He said that the latter will be a resource pool to address disparities that are out there and therefore the grant award is a very serious accomplishment. He reported that there will be regional steering committee and more information will be made available in the future.</p> <p>D. Resiliency Training for First Responders</p> <p>R. Ries recalled for everyone that the Council decided to revisit its letter to the Maui Police Commission (MPC) and this resulted in an invitation to Sgt. Jan Pontanilla to share more about the Maui Police Department's CIT program, first responders and mental wellness.</p> <p>Sgt. Pontanilla introduced herself and said she is with the Maui Police Department. She is in a section called CORE, which stands for critical, outreach, and response through education. She is currently in charge of the</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>MPD's wellness program as well as the CIT program. We also have a critical app that we offer to our first responders. For wellness program, the administration has provided a psychologist, for sworn or unsworn or consults, which is done 3x out a month, normally on a Wednesday. There is offsite option but also onsite. For the CIT program, there is a 40-hour training which is done normally twice a year. We have it for our officers, but also for recruits and civilians in the community.</p> <p>Q. Is the Crisis Intervention Team program the same training model as Oahu's? A. Normally it is. We follow the Memphis model but also the combination of "every island, every place is unique". So, it is dependent upon what resources you have in what area you're in. We do have the wellness portion so that is something new, and we do add different blocks. For the most part, we stay focused on the regular block of training or the Memphis model. There is the normal block of instructions but also blocks for nuances. We now offer to community members. It is important that patrol officers have built relationships before they work with each other in crises situations. There is a lot of communication with agencies. For the most part, the 40 hours include Dr. Rodrigues who was a HPD psychologist before she came here. She does wellness for officers. There is instructions for the normal blocks but also blocks for the nuances. We have added officer wellness, juvenile mental health, ABCs of LGBTQ+, and autism. There is role-playing towards the ends of the training with former CIT officers playing roles. Recruits and brand new officers who have not even been in patrol yet are prepared to see situations when people have mental illness or autism etc.</p> <p>Q. Regarding the staff psychologist, is there a time allotted for each officer to meet with the psychologist on a regular basis during their work hours? A. I monitor as far as the usage. I don't ask who is going in. The psychologist is always booked though. Officers have thanked me for this. It's not only for our officers but their family members have come as well. It's not only for our officers, but also for all our civilian personnel. The sign up is one that she does on her own. A lot of the officers aren't comfortable about doing the session here. So, we have an offsite that we've made for them.</p>	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>Q. What is the stigma? What is it that makes it that people feel embarrassed about going to therapy? What is it about the culture that that discourages people from going? And what do you think might be a solution to address changing the culture?</p> <p>A. As far as the culture, I can only speak as a police officer. Back in the day, it's normally suck it up and go throughout your day. You can go to horrific cases and really just do your report. We are people and we go through the same traumas. It was kind of like an old school thinking. Now, with wellness and mental illness becoming big and hot topics, and suicides with police officers having the highest rates of suicide, eyes are opening. You can help your B partner. You do not want to lose your friend. Having people open to it is key. You still have some who do not want to talk about it but we recently lost one of our secretaries. That hit us hard. We had a psychologist come in that very day. That made it more okay to talk about it and take care of ourselves. How can we take care of others if we are not okay. For that rebuilding, the CIT classes have been a key because officers came and learned about mental illness. We have awareness now that we need to talk about horrific things so things do not spill over to family members. It is not only police officers but medics, firefighters and others. Why people will be hesitant can be out of the fear that their firearm and livelihood will be taken away from them. That increases the stress. It is not about that but making sure you are okay.</p> <p>Q. Do you have information about response time for someone to get a session with the psychologist?</p> <p>A. I am not aware of the scheduling but I know that she has regulars. Critical incidents are different. She does not turn away seekers, so she stays longer if needed or make arrangements for care. There is the protocol app where anyone can also reach out to another counselor, or to others-peers, chaplain, supervisor and others. Sometimes, it may be the B partner. I have not heard of someone saying tried to make appointment and turned away.</p> <p>Q. Do you have any morale surveys that are done?</p>	

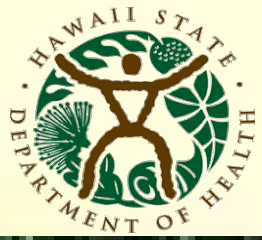
AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>A. I don't know about that. The last survey that was done, I did not take it and a lot did not. Many did not take it. I don't think that will be done in the future.</p> <p>Sgt. Pontanilla thanked the Council for listening. The different members thanked her as they asked questions. R. Ries asked if Sgt. Pontanilla had any specific advice for the Council or anything she wanted the Council to mention in the Council's letter to MPC. She responded that the support is refreshing. Many talk about the military and others. She is just thankful that the importance of mental wellness and programs that have been started were not lost on him.</p> <p>E. State Council Business Cards-Logo Design Update</p> <p>R. Ries asked E. Lau-James if the choices have been narrowed down. E. Lau-James outlined what has changed – thicker arms, ribbon, taro flesh color and others. R. Ries chose the first one over (below) over others. E. Lau-James continued to be open to suggestions. R. Ries requested for a motion to approve if no one had any objections. The logo can be changed over time if others have better ideas in the future.</p> <div data-bbox="804 951 1125 1235"> <p>5</p>  </div> <p>F. Red Hill Water Contamination -PIG formation - Tabled</p>	<p><u>ACTION</u></p> <p>E. Lau-James made the motion to approve logo #1. K. Aumer seconded. The motion passed unanimously.</p> <p>E. Lau-James will write a little synopsis about the logo and what it represents for the onboarding handout what will be printed out by C. Weygan-Hildebrand.</p>

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>G. Suicide Prevention and Awareness Month.</p> <p>R. Ries recalled that the Council had a meaningful session, and received presentation and resource materials. He recommended writing a thank you letter to Dr. D. Geobert and Dr. J. Sugimoto-Matsuda and referred to a draft i n the packet.</p>	<p><u>ACTION</u></p> <p>M. P. Waterhouse made the motion to approve and send the thank you letter. H. Ilyavi seconded. The motion passed unanimously.</p>
VII. Informational Reports	<p><u>Island Representative Reports</u></p> <ul style="list-style-type: none"> • Oahu Service Area Board (OSAB). Jackie Jackson reported that the OSAB August 17, 2002 was cancelled. The next meeting is scheduled for September 21. • Maui Service Area Board (MSAB) – Tabled <p><u>State Agency Representative Reports</u></p> <ul style="list-style-type: none"> • Health (DOH)– Tabled • Housing (HPHA)– Tabled • Vocational Rehabilitation (DVR)– Tabled • Med-Quest Medicaid Program (MQD) -Tabled • Education (DOE) – Tabled • Judiciary (JUD) - None • Social Service (SSD) Ray Rice • We will be having the University of Hawaii Tele-health Program presentation coming to our meeting this month. The program does outreach to individuals in the community and the veteran in need of mental health services statewide. They have a grant that will end in August 2023. • Also, we are meeting with Catholic Charities for referrals for their case management program and this is geared more toward the elderly. 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<ul style="list-style-type: none"> Continuing to do outreach in the sense of trying to create partnerships in the community for the Federal repatriation program. This is a program for American citizens that are in foreign countries who have decided to resettle to Hawaii with a shortened resources. In the past we have worked with Hawaii CARES and AHMD. <p><u>Specialty Area Representative Reports</u></p> <ul style="list-style-type: none"> Hawaii Advisory Committee on Drug and Abuse and Controlled Substances (HACDACS). Tabled Mental Health Providers R. Ries reported that referrals are exploding, in part because of the Kaiser strike. A lot of referrals are coming through him and his colleagues. Instead of seeing five people a day as projected in graduate school, we are seeing 10 and more a day. It is exhausting and one needs to take care of oneself. Many colleagues are starting to provide less meaningful service and not be able to handle their caseloads. It's a very serious problem right now. There is really a serious need for more providers. Parents and Family Members of Mental Health Service Recipients H. Ilyavi commented the same thing is happening across the board. Less and less people are able to make appointments within a timely fashion. On Big Island, one or two providers outside of Kaiser that have been approved to do services like that and I tried to put a friend through, and they didn't even get a response and they were in a really high need. She reports that people keep on reaching out to her since they know that she is in the field. She said it is awful that she is not able to help. She says that she is happy if she works 10 hour day only but and work through weekends. We are so short staffed on every level on the Big Island from physical health, mental health. 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	<p>She reports that all are being tapped out to the extreme. It is everyday, coming home just wanting silence. H. Ilyavi reports that they met with the mayor last week, and they had a conversation of the need for staff.</p> <p>K. Aumer has been trying to help people get use to using 988.</p> <p>E. Lau-James reported the frustration that family members over the CARES line. Despite its promise, family member get help for their loved ones without their loved ones' consent. That is the main frustration, potentially dangerous, and heartbreaking. CARES offers to help the family member but not help for the love one who needs help.</p> <p>H. Ilyavi said that the CARES in Hawaii is understaffed and so are hospitals. It is happening everywhere. It is a crises that has not gotten better.</p> <p>There was discussion on the workforce in Hawaii. There is a lack of staffing everywhere and there is a need to increase the pay wage. Everyone wants flexibility for their own work. Hawaii lost people to COVID. Baby boomers retired early due to COVID. There was a huge number of people that left for the mainland the workforce. There's also inflation that is discouraging more from working.</p> <p>R. Ries read a comment that one can get the labor market expert to write a report to better information. C. Weygan-Hildebrand shared the similar experience when Hawaii did not know where to get its "green workers." He requested C. Weygan-Hildebrand to pursue and explore further. K. Aumer commented that she wants to be kept abreast of that.</p> <p>Youth and Consumer Advocates</p> <ul style="list-style-type: none"> Antonino Beninato updated that the PIG on Youth Survey met. It was a productive meeting and members talked about what exactly would the Council want to know from the population that he represented. Some challenges were brought up. For example, the survey needs to go 	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/CONCLUSIONS
	through an IRB review (Institution Review Board for the review of human research). Also, part of the population to be surveyed will those who are under 18 years of age. There would be need for some parental consent. There might be a need to send out some kind of letter to parents for consent. Actually, part of it also is to see if it is even worth doing the study one needs to do an extensive literature review also. It will need time.	
VIII. Meeting Evaluation/Future Agenda Items	Agenda for next meeting: R. Ries reminded that the Council will be preparing for its Report to the Legislature and Governor. He asked that members think about future topics and presenters.	For Information only
XIV. Adjournment	The meeting was adjourned at 12:01 p.m.	For information only
Electronic Mail Outs	<p>The following handouts were e-mailed to SCMH members and individuals in the SCMH e-mail distribution list:</p> <ol style="list-style-type: none"> 1. AGENDA September 2022 Meeting FINAL 2. MINUTES August 2022 Meeting DRAFT 3. ATTENDANCE log August 2022 Meeting_FY23 4. COMMUNITY INPUT -Written Public Testimonies Received 5. COPY of MHBG Mini-Application from WebBGAS as of August 31, 2022 6. LETTER to Capt Forde MHBG Mini-Application Letter DRAFT 7. SLIDE presentation August 9 Presentation on Overview of Suicide Prevention in Hawaii 8. RESOURCE handout from August 9 Presentation on Overview of Suicide Prevention in Hawaii 9. LETTER of Thank you to Drs. Goebert and Sugimoto-Matsuda 10. REFERENCE Checklist Draft by PIG OnRe 11. REFERENCE from 2021 Strategic Plan Retreat by PIG OnRe 	For information only



Hawaii State Department of Health Adult Mental Health Division



Maui County CCBHC Pilot Initiative

Tuesday September 13, 2022



What is a CCBHC?

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community. CCBHCs provide care for people with unmet needs regardless of ability to pay or residence.

The CCBHC model was designed for states to improve the behavioral health of their citizens by: providing community-based mental and substance use disorder services; advancing integration of behavioral health with physical health care; assimilating and utilizing evidence-based practices on a more consistent basis; and promoting improved access to high quality care.

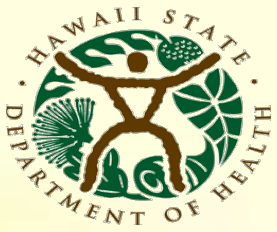
The idea being to eliminate barriers to care by providing all relevant services (e.g., behavioral health, co-occurring, co-morbid disorders) in one CCBHC for consumers of all ages. The CCBHC criteria also mandates that regardless of condition, CCBHCs are to provide services to all who seek help.



Evolution of CMHC to CCBHC model

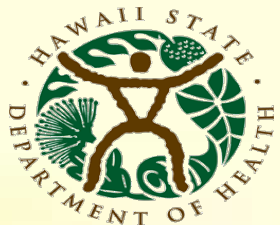


- **1963** - President Kennedy urged Congress to pass the Community Mental Health Centers Construction Act (Public Law 88-164) that mandated and signaled the opening of the era of community care for the mentally ill.
- **1966** - Hawaii CMHCs open
- **1981** - Federal funding for mental health and substance use services was replaced with Block Grants to states for the purpose of giving states greater discretion in the allocation of federal funds and transferring of responsibility for the mentally ill back to the states.
- **2014** - the Protecting Access to Medicare Act (PAMA) was signed into law. PAMA requires the establishment of demonstration programs to improve community behavioral health services, to be funded as part of Medicaid. The drive for this was the lack of standards and continuity of services at CMHCs from state to state. The behavioral health clinics participating in this demonstration program and meeting are designated as Certified Community Behavioral Health Clinics (CCBHCs).
- **2022** - This movement from CMHC to CCBHC continues today with **more than 450 CCBHCs** in **42 states**, plus Washington, D.C. and Guam.



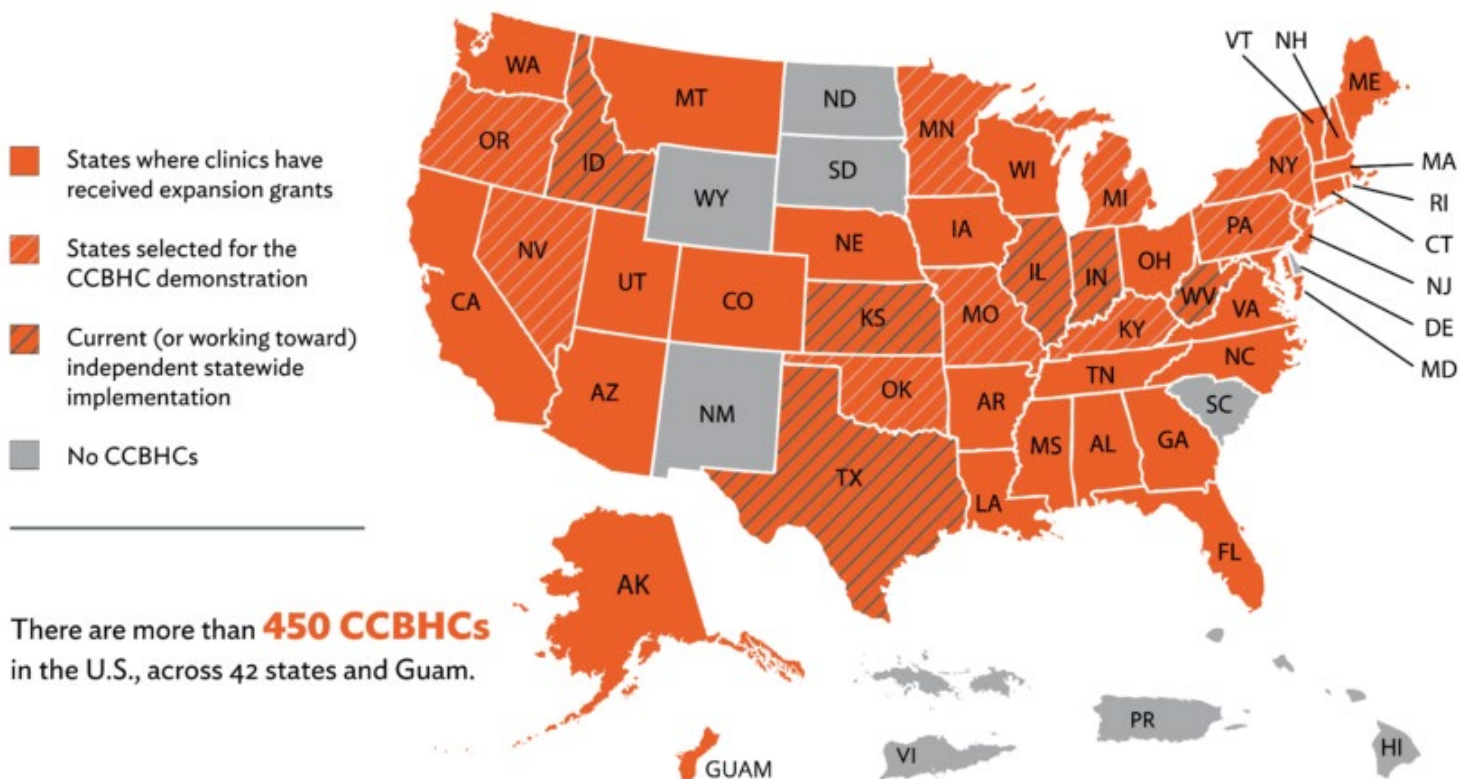
The Future is CCBHC.

- Since 2018, Congress has appropriated annual funds for CCBHC expansion grants, designed to further the reach of these effective and efficient organizations. These grants have provided organizations an opportunity to expand access to comprehensive and evidence-based mental health and addiction care by offering the required array of services.
- CCBHCS IN THE BIPARTISAN SAFER COMMUNITIES ACT SIGNED INTO LAW 6/25/22:
 - CCBHCs are currently funded through both a Medicaid demonstration program and grants provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).
 - The Bipartisan Safer Communities Act expands the CCBHC Medicaid demonstration program to allow all states the opportunity to apply to participate.
 - Starting in July 2023, and every 2 two years thereafter, 10 additional states will be selected by HHS to join the demonstration.
 - We should anticipate NOFO for grants to be released in March 2023
 - What does that mean for Hawaii?



Current CCBHCs Nationwide

Status of Participation in the CCBHC Model





What is needed to Create a CCBHC?

CCBHC Funding

- **Current CMHC services funded by AMHD will continue.**
- **Expanded Services**
 - **CCBHC grant:** Up-to \$1 million/year for up-to 4 years through SAMHSA to augment our existing services to bring the Center into compliance with the required CCBHC services.
- **Sustainability**
 - **CCBHC Payment model:** Cost-related Medicaid reimbursement rate through:
 - Medicaid Waiver – Enables state to experiment with delivery system reforms
 - State Plan Amendment (SPA) – Enables states to permanently amend Medicaid plans



What is needed to Create a CCBHC? (Cont'd)

CCBHC Program Requirement Criteria

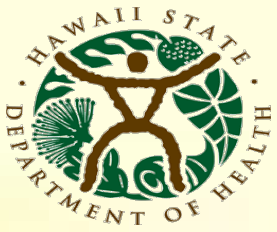
1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and Other Reporting
6. Organizational Authority, Governance and Accreditation



CCBHC Program Requirement

1. Staffing

- CCBHC staff must include*:
 - Clinical and peer staff
 - A psychiatrist as medical director
 - A medically trained behavioral health care provider, either employed or available through formal arrangement, who can prescribe and manage medications
 - Individuals with expertise in **addressing trauma** and **promoting the recovery of children and adolescents** with serious emotional disturbance (SED) and adults with **serious mental illness** (SMI) and those with **substance use disorders**.
- CCBHCs may utilize telehealth/telemedicine and on-line services to alleviate shortages



CCBHC Program Requirement

2. Availability and Accessibility of Services

- Access required at times and places convenient for those served (must include some weekend and after hours)
- Prompt intake and engagement in services (Timely Access Requirements)
- **Access regardless of ability to pay** and place of residence
 - Sliding fee scales used for clients without ability to pay
- Crisis management services available 24 hours per day (current state system adequate to meet this requirement)
- If the CCBHC serves individuals with Limited English Proficiency (e.g., interpretation/translation, etc.)

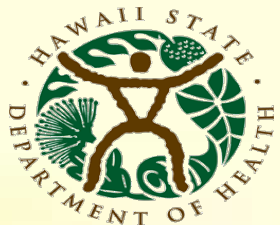


CCBHC Program Requirement

2. Availability and Accessibility of Services (cont'd)

Timely Access Requirements

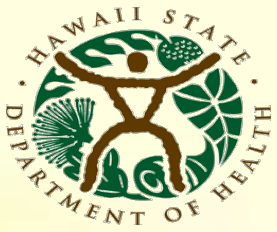
- If a **crisis need** is identified, care must be provided **immediately or within 3 hours** at the latest.
- If an **urgent need** is identified, clinical services must be provided **within 1 business day**.
- If **routine needs** are identified, services must be provided **within 10 business days**.
- **All new consumers** must receive a person-centered diagnostic and treatment planning evaluation **within 60 days** of their first request for services.



CCBHC Program Requirement

3. Care Coordination

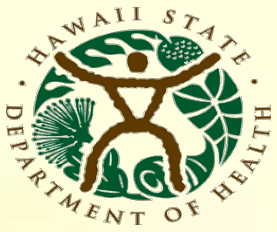
- CCBHC coordinates care across the spectrum of health services, including physical and behavioral health and other social services
- CCBHC establishes or maintains Electronic Health Records (EHR)
- Partnerships or care coordination agreements required with a variety of other inpatient and outpatient health system providers, behavioral health providers, juvenile and criminal justice entities, child-placing agencies and Department of Veteran's Affairs



CCBHC Program Requirement

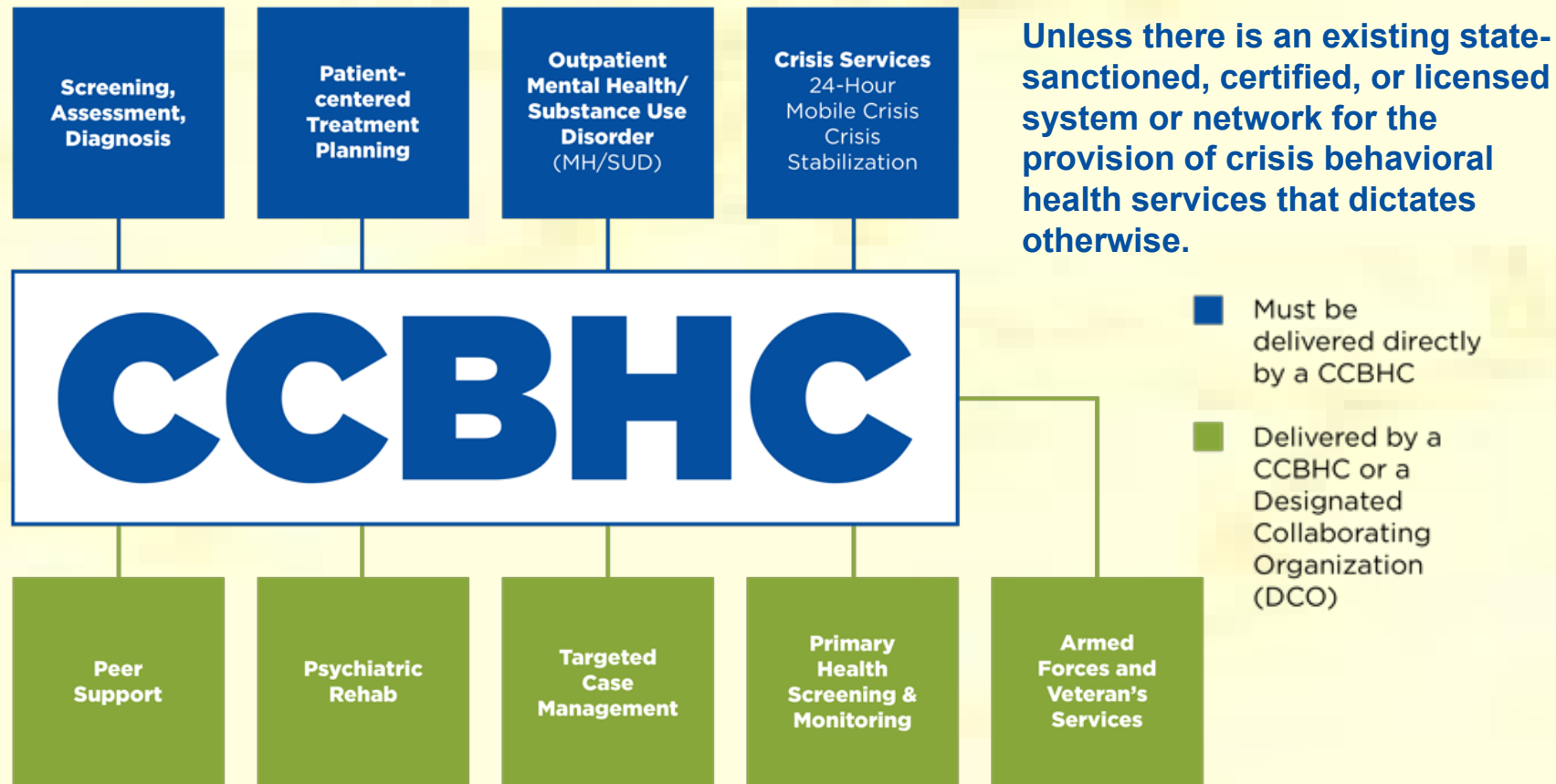
3. Care Coordination

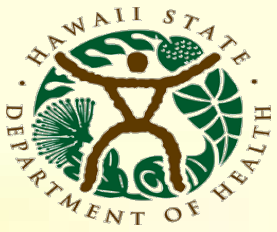
- Partnerships or care coordination agreements required with:
 - FQHCs/rural health clinics
 - Inpatient psychiatry and withdrawal management
 - Post-withdrawal management step-down services
 - Residential programs
 - Other social services providers, including
 - Schools
 - Child welfare agencies
 - Juvenile and criminal justice agencies and facilities
 - Indian Health Service youth regional treatment centers
 - Child placing agencies for therapeutic foster care service
 - Department of Veterans Affairs facilities
 - Inpatient acute care hospitals and hospital outpatient clinics



CCBHC Program Requirement

4. Scope of Services





CCBHC Program Requirement

5. Quality and Other Reporting: 9 CCBHC Reported Measures

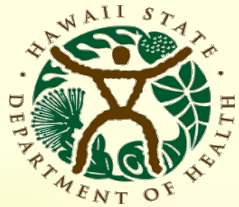
Source of Data	Measure or Other Reporting Requirement	NQF Endorsed
EHR, Patient records, Electronic scheduler	Number/percent of new clients with initial evaluation provided within 10 business days, and mean number of days until initial evaluation for new clients	N/A
EHR, Patient records	Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up	0421
EHR, Encounter data	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (see Medicaid Child Core Set)	0024
EHR, Encounter data	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	0028
EHR, Patient records	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	2152
EHR, Patient records	Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment (see Medicaid Child Core Set)	1365
EHR, Patient records	Adult major depressive disorder (MDD): Suicide risk assessment (use EHR Incentive Program version of measure)	0104
EHR, Patient records	Screening for Clinical Depression and Follow-Up Plan (see Medicaid Adult Core Set)	0418
EHR, Patient records	Consumer follow-up with standardized measure (PHQ-9) Depression Remission at 12 months	0710



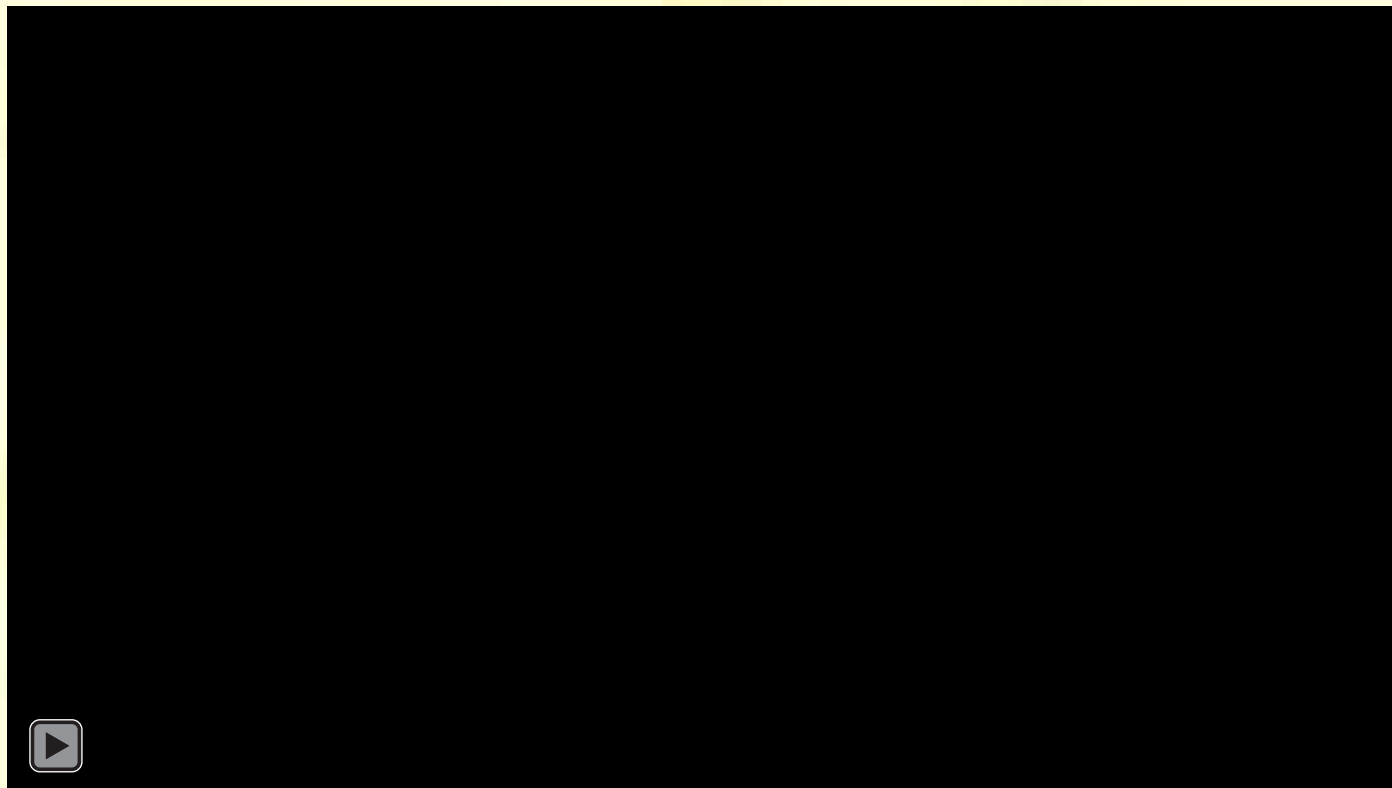
CCBHC Program Requirement

6. Organizational Authority, Governance and Accreditation

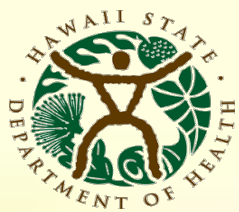
- CCBHCs must be:
 - Part of local government behavioral health authority; OR
 - Under the authority of Indian Health Service, Indian Tribe or Tribal organization
- Advisory council members “reasonably represent” those served (e.g. consumers, persons in recovery, and family members) to provide meaningful input to the council about the CCBHC's policies, processes, and services.
- States are encouraged to require national accreditation (e.g., CARF, COA, Joint Commission)



Mahalo!



ADULT MENTAL HEALTH DIVISION



For More Information...

SAMHSA Information on CCBHC:

- <https://www.samhsa.gov/certified-community-behavioral-health-clinics#:~:text=CCBHCs%20are%20required%20to%20serve,care%20for%20children%20and%20youth>.

National Council Resources on CCBHC:

- <https://www.thenationalcouncil.org/?s=CCBHC>